

# Spit Tobacco



2006—2007

**Strategic Initiative**  
*for Montana*

## **Spit Tobacco Strategic Initiative *for Montana***

### **Purpose of Document**

The purpose of this document is to guide the state of Montana's Tobacco Use Prevention Program (MTUPP) in a one-year pilot effort to better address the death and disease attributable to the use of spit tobacco. Included in this document is background information on spit tobacco, a review of current efforts to address spit tobacco use in Montana, and a set of strategic priorities and action steps for state and local public health professionals to consider in the forthcoming fiscal year.

This draft was prepared by a work group appointed by MTUPP Section Supervisor, Linda Lee.

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### **Draft for Comment**

This document is a draft prepared for review and comment, by health professionals, tobacco disease prevention specialists, community coalition members and other tobacco disease prevention advocates. If you would like to participate in the review process, please note the due date listed below and forward your comments either in writing or via email to:

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Due date for comments: 5:00 p.m. M.S.T. on June 26, 2006.

## Foreword

In recent years, Montana has made great strides in addressing the death and disease attributable to commercial tobacco use. And, the people of Montana have shown strong support for addressing the problem of tobacco use - a leading cause of preventable death in the state and one of the state's leading cost areas associated with medical care. Repeatedly, Montanans have voiced their support for efforts to prevent tobacco use and to protect the public from exposure to secondhand tobacco smoke.

While smoking is the predominate source of death and disease from tobacco use, spit tobacco use represents an issue of growing concern among many states. Spit tobacco use has not received attention to the degree that smoking has, primarily because the national agenda and the existing research base has focused more specifically on smoking-related behavior and disease. Additionally, spit tobacco use varies quite significantly from state to state and affects different segments of the population than smoking. Unfortunately, Montana is one of a small handful of states where spit tobacco use is much more common than the rest of the nation, and therefore, leadership on Montana's part will be necessary to bring attention to the issues and solutions surrounding the use of this deadly product.

For 2006-2007, the Spit Tobacco Strategic Initiative (Strategic Initiative) is a proposed ***action plan*** for Montana to initiate a comprehensive approach for preventing spit tobacco use. The Strategic Initiative document seeks to identify the harm of using spit tobacco, address the marketing approaches deployed by the tobacco industry, and review previous work by community tobacco prevention specialists in Montana to address spit tobacco use. The final section of this document sets forth a number of suggested priorities and action steps for the coming year – to help guide efforts on the part of the state and communities to better address the spit tobacco problem.

The Strategic Initiative is the first time Montana and the Montana Tobacco Use Prevention Program (MTUPP) has attempted to model an approach for addressing the problem of spit tobacco use in a coordinated statewide manner. The Strategic Initiative has been prepared as a one-year action plan, and should be viewed as a pilot effort. This pilot effort will be evaluated for its effectiveness and focus to help drive a plan for subsequent years.

New resources and new public policies have combined to make the Strategic Initiative appropriate and necessary. MTUPP will continue to advocate for strategies that reduce smoking and help eliminate public exposure to tobacco smoke, while addressing spit tobacco use, to accomplish its overall mission of ending death and disease from commercial tobacco use.

For additional information on this plan or MTUPP contact:

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## Background & Overview

Montana continues to have one of the highest spit tobacco use rates in the nation with approximately 12% of adult males and 23% of male high school students currently using spit tobacco. Use of spit tobacco by girls and women is lower but on the rise in recent years, particularly among Native Americans. Montana has the second highest rate in the U.S. for young females using spit tobacco at 5.3%, trailing South Dakota by only a small margin (YRBS, 2005 Grades 8-12). This raises concern, since we know spit tobacco is not a benign substance—use of spit tobacco has serious short and long term health risks.

There is growing body of scientific research that sheds light on the harm caused by the use of spit tobacco products. In 1986, the U.S. Surgeon General concluded that the use of spit tobacco "is not a safe substitute for smoking cigarettes. It can cause cancer and a number of other non-cancerous health conditions and can lead to nicotine addiction and dependence."

Since 1991, the National Cancer Institute has officially recommended that the public avoid or discontinue the use of all tobacco products, including spit tobacco. Fifteen years later, the accumulated scientific evidence continues to support this position. In fact, the evidence at this point demonstrates the harmful characteristics of spit tobacco use and ushers in a sense of urgency for controlling this growing public health concern.

In the absence of a coordinated statewide spit tobacco plan, various communities have independently addressed the issue. In an effort to maximize resources in this area of tobacco control, the Montana Tobacco Use Prevention Program (MTUPP) formed a *Spit Tobacco Strategic Initiative (Strategic Initiative)* committee. The objective of the

committee is to develop this document that provides background and strategic directions for MTUPP in the coming year.

## What is "Spit" Tobacco?

There are two basic types of smokeless tobacco; snuff and chewing tobacco. Snuff is a finely ground tobacco and is packaged for sale as dry, moist, or in small "packets." The user typically places a small amount (pinch or dip) between the lip and gum. Chewing tobacco is available in loose leaf, plug or twist forms, and the user generally places a larger amount (wad) of tobacco at the side of the mouth, between the cheek and gum. Smokeless tobacco is sometimes called "spit tobacco" because many people will spit out the tobacco juices and saliva that builds up in their mouth.

## Who Uses Spit Tobacco?

### ADULT USE

The **National Household Survey on Drug Abuse (2000)** reported an estimated **7.6 million Americans age 12 and older** (3.4 percent of total U.S. population) had used spit tobacco within the previous 30 days of being questioned. However, these statistics do not tell the complete story. Spit tobacco use is most common among *young adults* ages 18 to 25. And, among the general population, men/boys are **10 times more likely** than women/girls to report using spit tobacco (6.5 percent of men age 12 and older compared with 0.5 percent of women).

**Montana's adult prevalence rate for spit tobacco use is TWICE the national average.**

Based upon the most recent available health data for Montana adults age 18 and older (Montana Adult Tobacco Survey, 2004), the prevalence of spit tobacco use is much more common among men (12%) than among women (<1%). The prevalence rates are highest among younger age males with 12%

of men age 25 – 34 and 8% of men age 18 - 24 using spit tobacco, respectively. Above age 35 usage rates begin to curtail. It is important to realize that 20% of these spit tobacco users are also cigarette smokers.

Luckily, some spit tobacco users are getting good advice from their health care providers and dentists. Nearly one-third of those users seeing a health care professional or dentist in the previous year were advised to quit. However, there is still significant room for improvement.

## **YOUTH USE**

Spit tobacco use is nearly as common among youth as among adults in Montana. According to the 2000-2004 Montana Prevention Needs Assessment (PNA): Trends in Youth Tobacco Use and Attitudes, 22% of combined students in 8th, 10th, and 12th grades have tried spit tobacco at least once; a little over 9% have used spit tobacco within the previous 30 days of the survey; and almost 4% indicate they were daily users. Within this age group, boys use spit tobacco FIVE TIMES as much as girls (15% vs. 3%) and among those who do use spit tobacco, boys are almost three times as likely to use it daily (45% vs. 18%) Current use of all youth increases sharply with grade level:

- 4% of 8<sup>th</sup> graders;
- 10% of 10<sup>th</sup> graders; and,
- 14% of 12<sup>th</sup> graders

Almost half (49%) of 12th graders who use spit tobacco use it on a daily basis. Spit tobacco appears to be easier for youth to obtain than cigarettes (PNA: Trends in Youth Tobacco Use and Attitudes, 2000-2004).

<b>Students – Grade Level</b>	<b>Self-purchased Cigarettes (%)</b>	<b>Self-purchased Spit tobacco (%)</b>
<i>All students</i> 8 <sup>th</sup> – 12 <sup>th</sup> graders	<b>35</b>	<b>45</b>
12 <sup>th</sup> graders <b>ONLY</b>	<b>63</b>	<b>74</b>
Source: PNA: Trends in Youth Tobacco Use and Attitudes, 2000-2004		

Awareness of the dangers of using spit tobacco appears to be low – compared to awareness levels of the danger of cigarette smoking. When asked “How much do you think people risk harming themselves (physically or otherwise) if they used smokeless tobacco”, fewer than half (45%) of all youth indicate that smokeless tobacco presents a great risk; while 72% felt there was great risk with regular use of cigarettes. Additionally, more than a third of all students (37%) think that using spit tobacco makes kids look cool; 41% of all boys and 45% of all 12th graders think using spit tobacco is cool. (PNA: Trends in Youth Tobacco Use and Attitudes, 2000-2004).

In 2004, 20% of adult spit tobacco users reported first trying it before age 12, 55% reported first trying it between the ages of 12 and 15, and 25% did not try it until age 16 or older. Among 8<sup>th</sup>-graders, 42% had tried spit tobacco by age 12. In contrast, among 12<sup>th</sup>-graders, only 13% had tried it before age 12 and 43% first tried it at age 16 or older (Adult Tobacco Survey, 2004).

The 2005 Youth Risk Behavior Survey (YRBS) report states that Montana 7<sup>th</sup> and 8<sup>th</sup> grade youth, as well as high school students, continue to use smokeless tobacco products at rates that are higher than national trends.

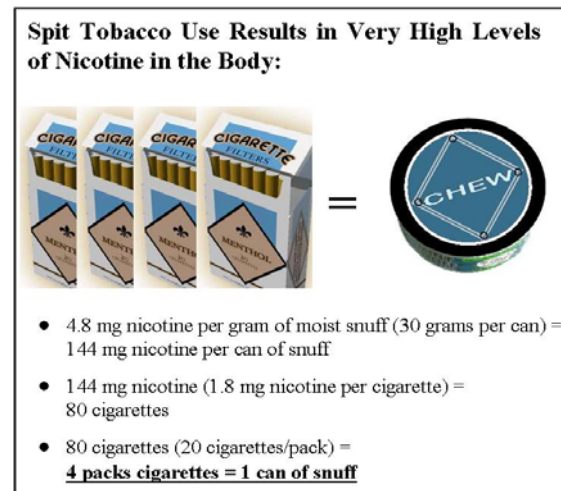
As with cigarette smoking, there appears to be two waves of initiation of the use of spit tobacco, one in the primary years and one in high school, underscoring the need for early and persistent school curricula, policies and community education about all forms of commercial tobacco use.

## Nicotine, Addiction & Spit Tobacco

**It is as difficult to stop using nicotine as it is to stop using cocaine or heroin.**

It is the nicotine found in commercially prepared tobacco products that makes spit tobacco addictive. Individuals who are addicted to nicotine can suffer from withdrawal symptoms such as anxiety, restlessness, irritability, frustration, anger, depression, concentration problems, insomnia, nausea, diarrhea, and increased appetite. Tobacco companies typically add ingredients to their products in order to maximize the nicotine absorption and thus, the addiction potential. This in turn, increases the product's continued use even when there are serious health risks to the user. The amount of nicotine absorbed from spit tobacco is three (3) to four (4) times greater than the amount absorbed by smoking a cigarette. Nicotine is absorbed more slowly from spit tobacco than from cigarettes; however, more nicotine per dose/use is absorbed from spit tobacco than from cigarettes. In fact, the amount of nicotine derived from *ONE* can of spit tobacco is equivalent to the nicotine derived from *FOUR* packs of cigarettes! For example, in a standard can of Copenhagen there is as much nicotine as in 80 cigarettes. And, these higher levels of nicotine stay in the bloodstream for a longer period of time due to the slower absorption. Thus, a typical spit tobacco user probably consumes a higher dose of nicotine than a typical smoker on a daily basis, which in turn creates a greater demand for more tobacco, perpetuating a vicious addiction.

## Exhibit-1



As noted by spit-tobacco experts in a 2004 meta-analysis, higher nicotine products are associated with difficulty in quitting. Therefore, one can understand why spit tobacco users have such hard times giving up this habit when over 70 % want to quit.

The 2005 Adult Tobacco Survey indicated that one-third of spit tobacco users tried to quit within the year before being surveyed. Less than 1/5 of these respondents tried nicotine replacement. Approximately half of the survey respondents considered quitting within six months, more than half planned to quit within the next 30 days.

## The Harm Caused by Spit Tobacco

Not only are commercial tobacco products addictive, but they also contain at least 28 known human carcinogens. These carcinogens can cause mouth, gums, pharynx and salivary gland cancers (Stockwell and Lyman, 1986). Precancerous white patches (oral leukoplakia), are often seen among spit tobacco users (Fisher, Bouquat & Shelton, 2005). Chronic (longer-term) use of spit tobacco products may further increase one's

relative risk of developing oral cancers by as much as 50 times that of a non-user (Winn, Bolt, Sky, Pickle, Toledo, & Fraumeni, 1981). Oral cancer is a serious concern with 30,000 cases diagnosed, and approximately 9,000 deaths occurring each year. Use of spit tobacco products may also cause cancer in other organs such as the esophageal, stomach, and pancreas (Boffetta, Aafnes, Weiderpass and Andersen, 2005).

Cancer is not the only risk. Spit tobacco products may play a contributory role in: cardiovascular disease, peripheral vascular disease, hypertension, peptic ulcers, and fetal morbidity and mortality.” (USDHHS, 1986)

Other dangers from spit tobacco use include: gum recession that results in exposed roots and increased sensitivity to heat and cold; tooth loss from damage to the gum tissue; abrasion to the tooth enamel due to high levels of sand and grit contained in spit tobacco products; discoloration of the teeth and bad breath; and tooth decay caused by sugar added to spit tobacco to improve taste.

Some individuals have promoted spit tobacco as a safer alternative to smoking since the user is not exposed to the combustion by-products of cigarettes, cigars, or pipes such as oxides of nitrogen, tar and carbon monoxide (Sapundzhie & Warner, 2003). Based upon the science behind tobacco use, this claim is both premature and potentially very dangerous.

Few high quality patient-oriented studies have focused on the health effects of spit tobacco. And, smaller-scale studies may not detect an increased risk even when such a risk exists. For example, the 12-year follow up study on spit tobacco and coronary heart disease by Johansson et al. (2005) did not show a *statistically significant* increase of cardiovascular disease (CVD) among daily spit tobacco users, even though it did show a *substantial increase* in cardiovascular risk. It would be wrong to conclude from this

study that spit tobacco is safe in regards to cardiovascular disease; and unethical to promote it that way even though this has been done by some individuals. Many more controlled and accurate studies need to be done before any definitive conclusions can be made.

The fact that tobacco is unregulated by the FDA means that companies do not need to divulge their ingredients. This lack of disclosure limits effective health research and allows the industry to freely make claims without scientific proof. In addition to unregulated products, spit tobacco is not homogeneous. There exists significant difference in the composition of various spit tobacco products, resulting in a wide range of health risks depending on which is used.

Unfortunately, the tobacco companies have a history of making premature health claims, even blatant lies, which have given the public a false sense of security, while increasing the sales of their products. In the past, they have shown corporate irresponsibility by suppressing important scientific studies for decades, regarding the deadliness of their products.

Public health officials are very concerned because the tobacco corporations are already showing this same historical behavior in their current advertising ploys.

### **A Dangerous Game - Marketing Spit Tobacco to Consumers**

***“Moist spit tobacco is the only growing segment of the tobacco industry”*** (Excerpt taken from U.S. Smokeless Tobacco Co. website)

Advertising is believed to be heavily responsible for the increased use of spit tobacco products. While other types of tobacco use have decreased in the United States (since the Surgeon General’s report on the health risk of smoking in 1964) spit



tobacco use has actually increased. The tobacco industry estimates that some 24 million Americans use spit tobacco products. This has been accomplished through use of slogans such as, "with practice, you'll be doing it like the pros," or "a pinch is all it takes." Rodeos, music concerts, NASCAR auto racing and other forms of motor sports, baseball and golf are just a few of the venues in which the tobacco industry presents powerful imagery and messaging to attract and keep new, young customers.

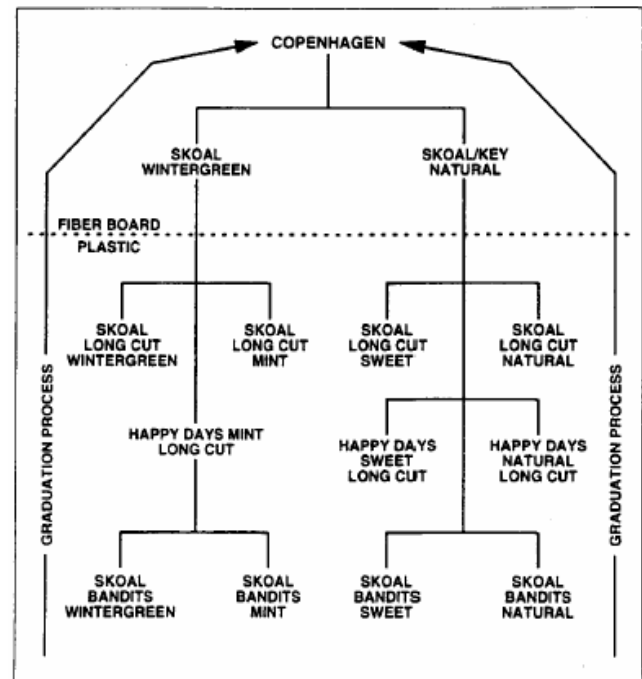
Flavored spit tobacco (e.g. Berry Blend, Apple, Cherry, Spearmint, and even Bourbon) is a way that the spit tobacco companies are targeting youth, and therefore, new consumers. As published in a Wall Street Journal article by the United States Smokeless Tobacco (UST) insider, former UST sales representative, Bob Deets, "Cherry Skoal is for somebody who likes the taste of candy, if you know what I am saying."

Once a person is initiated to spit tobacco and therefore nicotine, evidence indicates a graduation process to higher nicotine products occurs (Ebbert et al. 2004). We know from internal company documents that the "graduation strategy" is a planned tactic by the tobacco companies to increase their product's use and keep their consumer base coming back for more. (Figure-1)

Individuals start with products like flavored Skoal bandits (lower nicotine products already neatly packaged in a self containing tea bag) and with time the consumer graduates up to products containing higher and higher levels of nicotine, like Copenhagen. When a new user starts at a lower nicotine level, the effect seems rather pleasant. Because of the addictive nature of nicotine, users will keep coming back for more as their bodies will need more to sustain the pleasant-seeming effects.

**Figure-1**

Connolly, G. N. (1995). "The marketing of nicotine addiction by one oral snuff manufacturer." *Tobacco Control* 4: 73-79.



Brochures on the use of these products are not bashful in explaining the process. One pamphlet is quoted as saying, "At first you could feel a slight irritation on the gum....but learning is a part of the fun and these things pass with practice. Two weeks should make you a pro." In another brochure for Skoal Bandits the instruction on the use of the product gives this advice on "How long should I keep the pouch in my mouth?" It answers its own question by saying, "If you haven't tried Skoal Bandits before, we recommend that you keep your first one in for about a minute -- then remove. The next time you try another one, leave it in a bit longer. Like your first beer, Skoal Bandits can be a taste that takes time to acquire and get the most out of. After four or five Skoal Bandits you'll find you've developed quite a taste for them and you'll want to keep a pouch in as long as the flavor lasts. This varies from person to person."

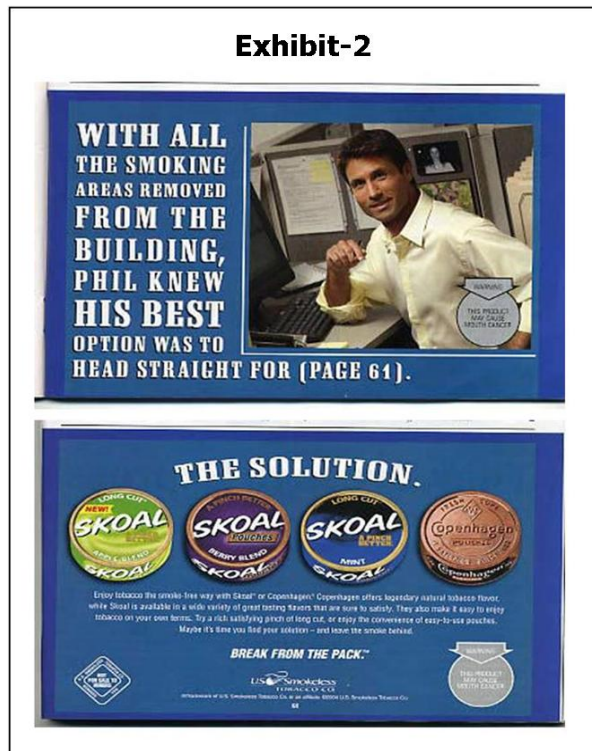


In an attempt to benefit from the expanding smoke free laws and the smokers' nicotine addiction, spit tobacco companies have developed the "Solution Campaign" (Exhibit-2 and Exhibit-3). This marketing ploy uses slogans like, for "those times you can not smoke", and is encouraging smokers

studies that are available and the many studies with "major methodological limitations" (Crichely and Unal, 2003).

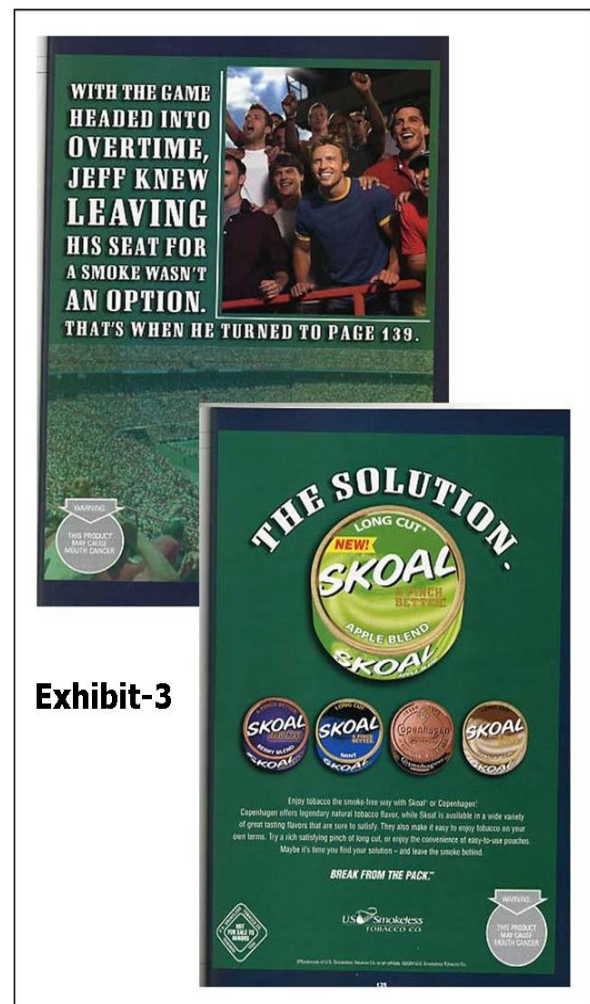
Spit tobacco possesses health risk. Spit tobacco is as addictive, if not more addictive, than smoking. "Not wanting to quit smoking" is not a static decision. Individuals change their minds as circumstances change in their lives. It is not responsible to encourage inveterate smokers today to switch from a known hazardous product to one that is also known to be hazardous but with an unknown, inexact degree of danger.

In 2006 there are many safe options for the



to substitute one highly addictive product for another.

The industry also mentions that spit tobacco can be used as a "less harmful" substance than smoking by inveterate smokers who "cannot quit smoking" or do not want to give up tobacco. The US Smokeless Tobacco Company has even asked the government for approval to market their products as less hazardous than cigarettes without additional control over marketing its products. For numerous reasons, this would be a very poor decision. The assumption that spit tobacco is a safer product than smoking is very premature with the few



smoker who wants to quit. Studies have shown that with counseling (problem solving and skills training), a supportive environment, and pharmacotherapy, when indicated, smokers can succeed in breaking the habit (Public Health Service, 2000). One must remember that nicotine replacement therapies (NRT), (like nicotine patches, gum, lozenges, nicotine inhalers and sprays) are regulated by the Food and Drug Administration. These agents have been available since the mid 1980's (gum in '84, patches in '91) and new products are coming out all the time. Based on numerous sources, the studies regarding NRT have been very encouraging, finding NRT to be safe. With NRT the user is not exposed to carbon monoxide, or increased coagulation factors and there seems to be no increased risk of cardiovascular disease when used at least two weeks post myocardial infarction.

The pharmacokinetics of NRT is different from smoking or using spit tobacco, therefore, most individuals do not get the "euphoric effect" from NRT that they do from smoking or chew tobacco. This is beneficial in helping the individual quit tobacco products by reducing the withdrawal symptoms, while not getting hooked on a new nicotine product. Most NRT users wean off the product within 8 to 12 weeks from quitting smoking.

Be cautious, for more deceptive advertising is bound to come. Two corporations who have been masterful in their manipulation of words, and science, to benefit the consumption of their products are getting involved in the smokeless tobacco arena. In 2006, both Philip Morris, the number one producer of cigarettes, and RJ Reynolds, the number two producer of cigarettes have developed smokeless tobacco products and/or purchased smokeless tobacco companies.

## **Efforts to Reduce Spit Tobacco Use in Montana & Across the Region**

Montana communities have already begun to address the serious issue of spit tobacco usage. Since 1999, various communities have independently worked on awareness campaigns, youth prevention education, countering industry sponsorship, and tobacco free policies.

### **Through With Chew Week Campaign**

Through With Chew Week (TWCW) is a public awareness campaign with the goal of decreasing spit tobacco use by raising awareness of the health effects caused by using, and encouraging current users to quit. Through With Chew Week was established in 1989 by the American Academy of Otolaryngology, Head and Neck Surgery, Inc. The Wyoming Department of Health Tobacco Prevention Program developed materials for statewide and community-based interventions and created the Through With Chew ([www.throughwithchew.com](http://www.throughwithchew.com)) website. It contains research, cessation, and master settlement information and links to other programs and information sources. It also offers a comprehensive activity toolkit for Through With Chew Week, with samples of media, dental community interventions, printed resources, and program ideas. According to a map on this website, in 2006, 16 states participated in TWCW campaigns, including seven in the northwest region (Washington, Oregon, Montana, Wyoming, North Dakota, South Dakota, and Colorado).

Through With Chew Week campaigns have been conducted in Wyoming for several years. Outcomes from this event have been measured by increased calls from spit tobacco users to the state Quit Line during the six week period following the event. Additional outcomes of this campaign include: addressing industry sponsorship, promoting cessation, educating coalition members, building and enhancing

partnerships, and advancing tobacco free policies.

The Wyoming Department of Health Tobacco Prevention Program encouraged Montana Tobacco Prevention Programs to use and adapt their materials. In 2005 and 2006, many Montana community programs conducted activities for this event. Messages and activities targeted four specific groups:

1. **Dental and medical providers** were encouraged to talk with their patients about tobacco use and promote cessation. In many Montana communities, dentists offered free oral cancer screenings and distributed quit kits and cessation materials. The Montana Quit Line posters and materials were distributed to medical clinics, dental offices, pharmacies, hospitals, tribal health programs, and social service providers.
2. **Youth** were targeted with prevention messages in many schools. Gruen von Behrens and Rick Bender, both previous spit tobacco users and oral cancer survivors, visited schools in several communities and talked with students about their experiences. Their stories were picked up by major newspapers in the area which enhanced the reach of their message. Youth created counter advertisements, school announcements, and displays in their schools. Linking with 4H clubs, Future Farmers of America (FFA) groups, and "shop" classes, information reached targeted groups of youth. In some schools, this event prompted the inclusion of education modules about spit tobacco in their health enhancement curriculum. Work conducted in the school environment also supported the implementation and enforcement of tobacco free school policies.
3. Activities also included **outreach to groups and industries that have traditionally high usage of spit tobacco and/or are targeted for sponsorship or promotion**. Paycheck inserts were sent to lumber, railroad and mining employees. Education also occurred at wellness fairs and Chamber of Commerce trade fairs. Educating organizers of local rodeos, Ski Joring competitions and Motorcross events was also a priority in some communities. American Indian contractors utilized culturally appropriate methods to educate their community. Local newspapers ran ads highlighting the effects of using commercial spit tobacco products labeling it as a "Tradition Killer". Tabling events and the distribution of Quit Spit Kits at the Montana Agricultural Trade Expo (MATE) and the Montana Outdoor Recreation Expo (MORE) shows was an effective means of reaching many current spit users. Quit Spit Kits usually include: herbal chew supplements, educational brochures, Quit Line information, dental mirrors and instructions on how to conduct a self oral health exam.
4. Messages about the hazards of spit tobacco and the benefits of quitting also reached **community members, including decision makers**. These mainly utilized local media such as print ads and earned media in newspapers, billboards, radio, and articles in school or organization newsletters. One community included information in fast food take-out bags. Distribution of information was also conducted through faith-based organizations and childcare providers. In several communities, the County Commissioners passed a proclamation creating a local Through With Chew Week.

## **Tobacco Free Environments and Sponsorship Policies**

Policy work has occurred at the local level, both in establishing tobacco free environments, as well as promoting tobacco free sponsorship policies in local organizations. With the passage of Montana's **Tobacco Free Schools** and Clean Indoor Air Act in 2005, tobacco use is now prohibited on all publicly funded K-12 school property at all times. Many schools already had policies banning smoking on school property, but recognition that spit tobacco was a harmful substance had not been uniformly embraced. Local community programs have educated school boards and administrations about the hazards of spit tobacco and have assisted them with informing the public about the new law. A variety of methods were utilized, including notices in sports programs and newsletters, hand stamps at the gate of sporting events, banners in school gymnasiums, signage created locally or provided by MTUPP, and paycheck enclosures for school personnel.

A movement toward establishing **tobacco free community environments** has gained momentum across the state. Sports fields and playgrounds in several communities have been established as tobacco free zones. This was accomplished through collaboration with baseball, soccer, and skateboard associations, along with municipal governments. This helps change the social norm about smoking and spit tobacco, especially in activities that involve youth. Several hospital systems in Montana have established smoke free campus policies that also prohibit all tobacco use by employees while on hospital grounds. Several smaller hospitals statewide have also instituted and/or are working on establishing a tobacco free campus policy that would apply to everyone. Many community programs have engaged in dialogue with local fair and rodeo boards to

create tobacco free events. Limited success has been achieved in this area.

Several community tobacco prevention programs have approached local organizations to establish policies that **prohibit the solicitation or acceptance of funding or sponsorship from the tobacco industry**. This has been met with mixed response. At least one school district and one local fair board have included this in their policy. To date, no rodeo association has adopted this policy. Community tobacco prevention programs have been met with resistance and have on occasion been told that local rodeo organizations have contracts that "require" them to promote US Smokeless Tobacco and accept funding. Many of the smaller events or those in smaller communities are not on the sanctioned rodeo circuit and therefore are not under any real or perceived contractual arrangements with US Smokeless Tobacco. The Montana High School Rodeo Association has had a policy in place for many years that prohibits tobacco use and sponsorship.

## **Spit Tobacco Pricing Strategies**

At the 2003 legislative session and at the 2004 ballot box, Montana raised the price of tobacco products (cigarettes, spit tobacco, etc.) as a strategy to reduce consumption. The current tax is set at 50% of the wholesale price. The goal with the tax structure is reduce use and to make sure that cigarette tax prices in Montana are comparable to the tax rate on other tobacco products including spit tobacco. According to the Campaign for Tobacco-Free Kids the Montana rates are comparable but not equal. The tobacco tax of \$1.70 per pack for cigarettes is equal to 76.6% of the manufacture's price, while the tobacco tax for smokeless and chew is currently set at 50% of the wholesale price. The tax for spit tobacco has been incrementally raised from 12.5% percent in 2002, to 25% in 2003 and to the current amount of 50% in 2004,

(which was implemented in January of 2005).

### **Special Cessation Strategies for Spit Tobacco**

It is recognized that cessation interventions for spit tobacco may vary from those that are successful for smoking cessation. However, there is little that has been instituted that specifically targets this group of tobacco users. One of the easiest and first lines of defense in cessation is to educate about the dangers of spit tobacco use. Many community tobacco prevention specialists have been working with their local oral health care providers to distribute literature about spit tobacco and oral cancer, and some providers have even been giving Quit Spit Kits to their patients. The Montana Tobacco Quit Line has special materials for spit users. In February of 2006, (the month of Through With Chew Week and the Great American Spit-out event) approximately 365 Montanans called the Quit Line for tobacco cessation, with approximately 37 of the calls specifically about spit tobacco cessation. This number had increased approximately 10% from all other months measured specifically for spit tobacco cessation.

### **Collaboration and Partnering**

Local community prevention programs have collaborated with a wide variety of groups to disseminate messages about spit tobacco in Montana. Health providers (hospitals, clinics, tribal health, dentists, health boards, family planning, WIC, health clubs, chemical dependency programs) have been receptive to addressing spit tobacco with their clients. Collaboration has also occurred with programs that serve youth (Big Brothers and Big Sisters, Boy Scouts, Girl Scouts, Campfire, local recreation departments, after school programs, 4H clubs, local sports associations, Head Start, child care provider agencies, GED and literacy programs). Community service organizations have also supported spit

tobacco prevention in several communities (examples include Rotary, Kiwanis, Shriners, American Legion, Elks). Schools have been increasingly proactive in educating students about spit tobacco, especially after the passage of the Montana Tobacco Free Schools and Clean Indoor Air Law. Even the business community has begun to recognize this as a problem and has provided education for their employees. Collaborative work and education at the community level has garnered support from a broad spectrum of individuals and groups to address the problem of spit tobacco in Montana.

## **Montana Spit Tobacco Strategic Initiative Plan – Fiscal Year 2006 – 2007.**

To effectively address the death and disease that comes from the use of spit tobacco, Montana seeks to design and implement a long-term strategy to prevent the use of spit tobacco and help those who want to quit. The charge of those drafting the Strategic Plan is to help design a one-year effort to address spit tobacco use, to have the strategic initiative evaluated near the end of its first year and to recommend strategies for the coming years.

It is a goal of this effort, focused on spit tobacco use, to effectively match and compliment the education and policy efforts that are currently underway to address smoking. Likewise, the spit tobacco strategy seeks to build upon what efforts are currently underway in Montana to address the public health problem of tobacco use.

To accomplish the goal of ending death and disease from spit tobacco use, the Strategic Initiative committee identified six areas of focus for the upcoming year. Those areas are:

- 1) Build knowledge and capacity within the tobacco prevention community to address the spit tobacco problem;
- 2) Seek out new allies in the effort to address spit tobacco;
- 3) Conduct statewide and local education efforts on the harm of spit tobacco and the potential solutions to address this public health problem;
- 4) Promote statewide and local policies that prevent the use of spit tobacco;
- 5) Enhance cessation efforts focused on the use of spit tobacco; and
- 6) Establish a set of tools to measure the effectiveness of this pilot project and other efforts focused at spit tobacco use.

Within these identified areas of work, the committee discussed a variety of priorities for each area. While there are any number of priorities that can be set for these areas of activity, the committee chose specific actions as the highest priorities for the coming year. These are recommendations for MTUPP, health education specialists, and community tobacco prevention specialists.

## **2006 – 2007 Strategic Initiative**

### **Activity Area ONE**

#### **Enhance the Capacity of the Tobacco Prevention Community in Montana to Effectively Address Spit Tobacco Use**

***Priority Action #1: Establish a standing Spit Tobacco Strategic Initiative Work Group to provide direction, ongoing support and to ensure follow through of the Spit Tobacco Initiative and plan.***

The committee believes there is a need for a standing work group that will meet on a regular basis throughout the year to provide support and structure for this new strategic initiative. The composition of the Spit Tobacco Work Group might include MTUPP staff and contractors, oral health and other health providers, tobacco cessation or addiction counselors, educators, agricultural representatives, Native American Indians and university representatives. The Spit Work Group should meet bi-monthly to review the Strategic Initiative, assess progress on the plan and discuss new strategies and adjustments to the plan.

The committee realizes that the work being done to address the problem of spit tobacco use is compared to the work being accomplished on smoking. Since there is a continual flow of new ideas and research being put forth, it is important that the Strategic Initiative be somewhat fluid,



adaptable, monitored throughout the year and periodically adjusted.

As part of its responsibility, the Spit Work Group should: encourage the involvement of Montana's Youth Empowerment Movement in addressing the problem of spit tobacco use; research and monitor the work being done in other states on this problem; seek opportunities for regional partnerships with other Western states to address this problem; and, develop a working relationship with the Mayo Clinic in Minnesota - a leading research entity in this area of tobacco use prevention and host of the 2006 National Spit Tobacco Conference.

**Recommendations to accomplish *Priority Action #1:***

- a) MTUPP appoints a standing Spit Work Group in June 2006, in advance of the upcoming year.
- b) MTUPP funds and staffs the Spit Work Group for fiscal year 2006 - 2007.

**Priority Action #2: Develop a set of community education materials (and other resources) for Community Tobacco Prevention Specialists and key allies and provide a series of briefings on the use of these materials and current spit tobacco issues.**

While some organizations, communities and individuals understand the importance of conducting prevention activities around the use of spit tobacco, most personnel within the tobacco prevention community are not fully briefed on the issue. By creating a set of materials with consistent messages for use by MTUPP, community coalitions and partner organizations, overall solidarity and momentum will be increased towards attainment of the Strategic Initiative *Priority Actions* and *Activities* in this plan.

In addition, these resource materials should effectively address key issues that are

unique to spit tobacco. One example is the marketing strategy of the industry to promote spit tobacco use as an alternative to smoking.

To further increase the understanding and abilities of the tobacco prevention community, MTUPP should conduct three to six educational interventions on the spit tobacco topic over the next fiscal year. The goal for these professional education efforts will be to keep the tobacco prevention community up-to-date with the latest response to new marketing strategies by the tobacco industry, new research into the spit tobacco use topic and new spit tobacco prevention strategies that show promise.

**Recommendations to accomplish *Priority Action #2:***

- a) MTUPP assigns the University of Montana Technical Assistance and Training Center (TATC) to develop the set of Montana-specific spit tobacco resources including a resource guide.
- b) MTUPP distributes the spit tobacco resources to community tobacco prevention specialists, coalitions and allies.
- c) MTUPP assigns staff to conduct three to six spit tobacco educational interventions for the tobacco prevention community by phone or in person over the course of the next year.

**Priority Action #3: All tobacco use prevention materials and media should effectively address the spit tobacco problem.**

Many of the materials and media developed by MTUPP and the local contractors do not effectively address spit tobacco. In some cases, spit tobacco use is not identified as a problem.

To do a better job of addressing the spit tobacco problem, all materials and methods



of public education should include spit tobacco relevant messages.

**Recommendations to accomplish *Priority Action #3*:**

- a) MTUPP conducts a review of all materials and media and when these materials and media are being revised every effort should be made to include a spit tobacco message.
- b) Community tobacco prevention specialists and coalitions are encouraged to review all of their tobacco prevention/cessation and media materials and incorporate a spit tobacco message.

**Activity Area TWO**

**Engage New Allies to Expand the Existing Resource Pool and Gain Access to Target Populations**

**Priority Action #1: Engage oral health care providers in educating patients and citizens on the hazards of spit tobacco use.**

Oral health care providers can serve as credible sources of pro-health information concerning spit tobacco use for their patients. They can also function well as community health advocates, extending their credibility to whole communities through the use of media advocacy techniques. To do this effectively as part of a larger statewide movement, oral health care providers should be supported by a network of their peers and provided quality materials with a consistent, credible message.

This component of the Strategic Initiative seeks to gain access to the oral health care team of dentists, oral hygienists and oral surgeons through a partnership with the Montana Dental Association and the MDPHHS Oral Health Program. A

particular focus will be on oral health care teams at community health clinics, although outreach to private dental practices will be accomplished in tandem.

A time-efficient and quality professional education program will be provided to health team members to update them on the topic of spit tobacco use and to garner their support and involvement in an active statewide network of oral health care providers championing spit tobacco prevention.

Currently, MTUPP is sponsoring a licensed physician to conduct outreach efforts to health care providers across the state and to provide community presentations on tobacco use. Opportunity exists through this effort to approach and establish contact with oral health care teams and to begin assembling a peer network. The purpose of this network is to better engage the oral health community in the education and policy efforts involving spit tobacco use. A network of this type can provide needed continuity and consistency of message, as well as a way to persuasively reinforce a common message throughout the state.

**Recommendations to accomplish *Priority Action #1*:**

- a) MTUPP develops a peer-trained network of oral health care providers through partnering with the Montana Dental Association and the MDPHHS Oral Health Program to gain access to this professional group.
- b) MTUPP continues to support the involvement of a licensed physician to promote tobacco prevention information to peers and further extend the reach of this effort to include the spit tobacco topic directed at oral health care teams.
- c) MTUPP encourages community tobacco prevention specialists and their coalitions to participate in professional in-service training and promote peer

networking with local oral health care providers.

- d) MTUPP assigns staff to maintain an up-to-date database of oral healthcare providers by specialty and geographic area.

**Priority Action #2: Engage youth groups that have statewide reach, structure and support.**

Youth groups are natural partners in spit tobacco prevention efforts because experimentation begins at a very young age – for some before the age of 12, and for most by the age of 15. Youth groups provide access to the principle target population as well as to established networks of resources and opportunities for education and prevention efforts. Some of the youth groups we recommend MTUPP extend invitations for involvement include:

- 4-H groups
- Girl Scouts
- Boy Scouts
- Camp Fire
- YMCA-YWCA
- Big Brothers/ Big Sisters
- Faith-Based Youth Groups
- Boys & Girls Clubs

Additionally, MTUPP has recently launched a youth empowerment initiative around the tobacco issue and this may provide a number of new and exciting opportunities for partnering with statewide youth groups and the organizations that serve youth.

**Recommendations to accomplish Priority Action #2:**

- a) MTUPP consults with and/or partners with the Youth Tobacco Empowerment Initiative that is currently underway to develop a cooperative path and determine where assistance may be garnered for this component of the Strategic Initiative.

- b) MTUPP performs exploratory outreach with suggested statewide youth groups to determine where a strong fit may exist.
- c) MTUPP works with the Spit Work Group and develops a team to come together on a temporary basis to develop guidance and other materials to be used by statewide youth groups for conducting a variety of projects beneficial to youth development and the prevention of spit tobacco use.

**Priority Action #3: Effectively engage state-level public health groups and associations in the spit tobacco issue.**

State-level membership and non-profit groups are important contributors to the community education and social policy process. Groups such as the American Cancer Society, American Heart Association, American Lung Association of Northern Rockies, and Alliance for a Healthy Montana all can play an important role in helping shape the agenda and message of the Strategic Initiative. Additionally, each of these groups brings certain resources and constituents to the table for improving the overall effectiveness of the outreach, education and policy setting activities of the initiative.

This component of the Strategic Initiative will focus on educating a group of essential state level partners regarding the tobacco industry's strategies to recruit and retain new and younger spit tobacco customers. The purpose and value of the Strategic Initiative will also be communicated to this group and potential collaborative opportunities discussed and further defined for future efforts.

**Recommendations to accomplish Priority Action #3:**

- a) MTUPP reaches out and educates a group of essential state level partners

regarding the tobacco industry's strategies to recruit and retain younger spit tobacco customers.

- b) MTUPP reaches out and educates a group of essential state level partners on the purpose and value of the Strategic Initiative and works to identify and define potential collaborative opportunities for the year's efforts.

### **Activity Area THREE**

#### **Conduct Public Education on the Spit Tobacco Use Problem in Montana**

##### **Priority Action #1: Encourage the promotion of on-going youth spit tobacco outreach activities with schools and youth groups.**

Schools and youth groups are appropriate and effective venues for reaching teens/pre-teens with education and awareness building information and activities related to spit tobacco prevention. This component of the Strategic Initiative encourages local coalitions to support a schedule of events and activities throughout the year, not just during TWCW.

##### **Recommendations to accomplish *Priority Action #1:***

- a) MTUPP assigns staff to work with necessary partners at the state and local level to help design youth outreach efforts in the following forms: school expos and assemblies; through school coaches, health and physician education programs; and in youth league sports, such as soccer and little leagues.
- b) MTUPP and local coalitions spit education efforts have a special emphasis on populations that are at risk, including youth in rural areas. This would include outreach to 4-H agricultural groups; FFA groups; and High school rodeos.

- c) Speaking engagements and events by Gruen Von Behrens and Rick Bender tour throughout the year within funded county/project location.
- d) MTUPP and local coalitions look for opportunities to collaborate with OPI in these education efforts.

##### **Priority Action #2: Develop, promote and conduct statewide *Through with Chew Week, Great American Spit-out* (TWCW/GAS) promotional events.**

Existing educational observances such as Through With Chew Week and Great American Spit-out can help leverage a common message across the state through creating broader appeal and involvement of paid and earned media. Newspapers, radio and television stations are generally eager to run stories or cover events that put a local "spin" on a message that is part of a greater whole. Taking advantage of these opportunities to build greater cohesiveness and statewide momentum on the spit tobacco issue is an important component of the Strategic Initiative for the first year.

To accomplish this, the Strategic Initiative recommends that MTUPP utilizes the newly established Spit Work Group to effectively define themes and messages that are relevant to this public education event.

##### **Recommendations to accomplish *Priority Action #2:***

- a) MTUPP assigns a *Media & Promotions* work team from the Spit Work Group to create a unique theme and approach for Montana's observance of TWCW and GAS.
- b) MTUPP utilizes the assigned work team and staff to help create a set of consistent TWCW and GAS outreach materials for use by community tobacco use prevention programs and other allies for promotion of the event.

- c) MTUPP and the assigned staff works at the state and local level to follow through with the materials received and the use of the materials, to engage local communities in TWCW/GAS promotions.

**Priority Action #3: Educate primary care providers regarding spit tobacco use and offer viable clinic solutions for their medical practice and patients.**

Primary care providers are the first and regular source of healthcare for the majority of Montanans. Primary care providers are traditionally physicians who are trained as generalists and tend to be the first point of contact for someone seeking healthcare. However, in a large and rural state as Montana, it is important to recognize the relevancy and contributions of Physician Assistants, Nurse Practitioners and certain other health professional disciplines as primary care practitioners, as well. This component of the Strategic Initiative will focus outreach in the form of education and awareness of the issue of spit tobacco, relationship-building with providers and distribution of patient education materials for use by health clinics.

To establish firm footing with this group, MTUPP staff will confer with the Oral Health Program and the Primary Care Office of the MDPHHS and several outside organizations including the MHA – An Association of Health Care Providers, Montana Office of Rural Health and the Montana Area Health Education Center to define points of access and other opportunities for interaction and assistance. This important first step will help the initiative gain necessary credibility and enhanced access to the target group of primary care professionals.

An outreach plan will be created under the guidance of, and through discussion with state-level partners. This plan will be

readied for implementation during the second-half of the year by the assigned Health Education Specialists within MTUPP and may tie-in with statewide media campaigns for added visibility.

**Recommendations to accomplish Priority Action #3:**

- a) MTUPP staff performs initial outreach and solicits involvement of the Oral Health Program and the Primary Care Office – MDPHHS; MHA – An Association of Health Care Providers; Montana Office of Rural Health; and, the Montana Area Health Education Center. MTUPP holds discussions with principle partners defined above and establishes points of access and other opportunities for interacting and providing education and support/assistance to health care providers.
- b) MTUPP designs an outreach plan for implementation during the second-half of the year and works with interested community tobacco prevention specialists to deliver the information to providers.
- c) MTUPP provides a train-the-trainer seminar for community tobacco prevention specialists interested in this educational program and supports the implementation of education intervention in their community.

**Priority Action #4: Prepare, schedule and conduct a statewide media paid and earned media campaign.**

An overarching statewide media campaign is a necessary and powerful means to set the tone and support state and local action towards reducing spit tobacco use. In short, the tobacco industry's message of "normalcy" and "no harm" needs to be countered on a regular, significant level. Campaigns of this nature tend to rely on multiple levels of media including paid mass

media and no-cost or low-cost alternative forms of media including earned media events.

All education and media efforts should include information on spit tobacco in their promotions.

The Strategic Initiative promotes TWO focused waves of statewide media, in addition to on-going education efforts on spit tobacco. These two campaigns should emphasize the following:

- Through With Chew Week
- Promote Quitting and the Use of Montana Tobacco Quit Line with a special focus on spit tobacco

#### **Recommendations to accomplish *Priority Action #4:***

- a) MTUPP works with the Spit Work Group and assigns a *Media & Promotions* work team to create a unique theme and approach for the Montana's observance of TWCW and an additional wave of media to promote quitting and the Montana Tobacco Quit Line with a special focus on spit tobacco users.
- b) MTUPP works with the Spit Work Group to assist the Quit Line vendor with producing a set of promotional and informational materials to compliment the Quit Line & quitting spit tobacco use.
- c) MTUPP encourages community tobacco prevention programs to establish a media plan that complements the two waves of statewide media, including local earned media events occurring in conjunction with the TWCW media campaign and the Montana Tobacco Quit Line media.

#### **Activity Area FOUR**

#### **Establish Policies That Will Prevent the Use of Spit Tobacco and Help Those Who Want to Quit Using Spit Tobacco**

#### **Priority Action #1: Increase the number of tobacco-free (both smoking and spit tobacco) hospitals/health clinics and their campuses in the state and promote the value of these policies.**

Due to their focus on maintaining health and the fragility of many patients, hospitals and health clinics should be tobacco-free zones. This component of the Strategic Initiative will continue partnering with MHA – An Association of Health Care Providers, the Montana Office of Rural Health and the Montana Area Health Education Center.

MTUPP should establish contact with the Hospital Licensing Program at MDPHHS to determine what role might exist for the state in promoting and monitoring tobacco-free hospital policies as part of the state hospital licensure process.

#### **Recommendations to accomplish *Priority Action #1:***

- a) MTUPP establishes and maintains solid partnership with at least one major statewide association that represents the interests of hospitals.
- b) MTUPP develops a model tobacco-free hospital policy to be promoted statewide.
- c) MTUPP works with membership groups/associations to reach and promote adoption of the model policy.
- d) MTUPP works with interested local coalitions and community tobacco prevention specialists in promoting strong tobacco-free hospital and clinic policies in their community or service area.
- e) MTUPP researches whether the Hospital Licensing Program at MDPHHS to determine what, if any, role exists for the state in promoting and monitoring the model tobacco-free hospital policy as part of the state hospital licensure process.

**Priority Action #2: Strengthen Montana's Youth Access to Tobacco Products Control Act by creating a model act for discussion purposes among primary stakeholders and policy makers.**

Montana's current "youth access law" for tobacco products is considered weak by most public health professionals. At a minimum, a state law governing marketing and distribution of tobacco products should safeguard against the potential of sales to minors by employing the following strategies:

- Strengthen the licensing provisions of all tobacco product retailers;
- Prohibit the distribution of free or discounted tobacco products;
- Prohibit the distribution of tobacco products through vending machines or via self-service displays;
- Prohibit the sale or distribution of:
  - ◆ Tobacco products that are not in sealed packages and/or marked with all required tax stamps.
  - ◆ Cigarettes in packages containing less than 20
  - ◆ Single-use pouches of spit tobacco products.
- Prohibit the sale of flavored tobacco products;
- Enforcement and penalties commensurate to the offense;
- No restriction of local governments to enact policies and/or laws MORE strict than the state law; and
- Require that all tobacco products be placed behind the sales counter and properly restricted for access.

This effort will require involvement and input from local and statewide policy leaders and a branch of the Addictive and Mental

Disorders Division (AMDD) of MDPHHS – the unit of state government which currently manages youth access and merchant compliance issues regarding tobacco sales. If tobacco licensing requirements are involved, the Montana Department of Revenue – Business Tax Division may need to be involved as well.

**Recommendations to accomplish Priority Action #2:**

- a) MTUPP convenes a team to work collectively on a model youth access to tobacco products law. Recommended partners include: AMDD of MDPHHS; MTUPP staff; community partners; tribal, local and state level policy makers/advisors.
- b) MTUPP works with membership groups/associations, community coalitions, key stakeholders and policy makers to solicit feedback on the potential of the draft model policy.
- c) MTUPP seeks the support and endorsement of the Tobacco Prevention Advisory Board for a strong statewide policy that limits the marketing and access of tobacco to Montana's youth.
- d) MTUPP consults with the Department of Revenue – Business Licensing/Taxation, MDPHHS to determine what, if any, role exists for the state in assisting with the preparation of the draft model policy.

**Priority Area #3: Step-up implementation efforts and ensure full compliance of Montana's Tobacco-Free Schools Law**

Montana's Tobacco-Free Schools Law is a significant deterrent to youth tobacco use. However, schools and school districts are having varying levels of success with implementing and achieving full compliance with the law. There are a number of suggested procedures that schools can follow to better meet the letter of the law.

The Office of Public Instruction is a natural partner with this statewide policy initiative and will be consulted, while MTUPP looks for opportunities to enhance the implementation of the Montana Tobacco-Free Schools Law.

**Recommendations to accomplish *Priority Action #3*:**

- a) MTUPP works with community tobacco prevention specialists to assist with the effective implementation of Montana's Tobacco-Free Schools law.
- b) MTUPP works with OPI (and other appropriate partners) to design a reporting mechanism on the compliance rate of schools with Montana's Tobacco Free School law.

**Activity Area FIVE**

**Design and Implement Appropriate and Cost-Effective Strategies for Promoting Specialized Cessation Counseling and Quit Information for Spit Tobacco Users.**

***Priority Action #1: Work with the Quit Line vendor to design and implement appropriate and cost-effective procedures for expanding data collection and service levels for spit tobacco users who call the Quit Line for counseling services.***

As the reach and level of spit tobacco prevention activity and messaging expands across the state, and awareness of the general public builds, viable cessation methods need to be readied to respond to the resulting increase in quit attempts by spit tobacco users. Those who would like to receive advice and counseling to quit should be able to do so conveniently, privately and in a cost-effective manner. The existing MTUPP Quit Line presents an effective vehicle for delivering professional counseling and credible advice on demand.

Currently, the Quit Line has specific protocols and quitting materials for spit tobacco users, however the vendor welcomes additional input and recommendations for this growing population.

In place of number of cigarettes smoked per day, National Jewish Hospital documents number of cans/pouches used per week.

Counseling elements for quitting spit tobacco are similar to those for cigarette smoking:

- Provide education about nicotine and psychological addiction (emphasis that spit tobacco can be more addictive than smoking);
- Identify triggers/cues and practice changing behaviors associated with cues;
- Plan for tempting situations and alternatives for using tobacco (more emphasis with oral gratification – sunflower seeds, jerky, chewing gum, toothpicks, non-tobacco snuff products);
- Develop positive coping skills; and,
- Use of quit smoking medication to lessen withdrawal symptoms and cravings.

The Quit Line also mails spit tobacco cessation material to callers interested in quitting spit tobacco.

**Recommendations to accomplish *Priority Action #1*:**

- a) MTUPP establishes an “assessment and evaluation” subgroup within the Spit Work Group to collaborate with the Quit Line vendor to assess ways to expand data collection methods and tools to gather input from spit tobacco users in order to continually enhance the design of an effective spit tobacco cessation resource via the Quit Line.



- b) MTUPP assigns MTUPP Health Education Specialists and community coalition representatives to work alongside the Quit Line vendor in order to continually enhance the protocols and evaluation of an effective, specialized spit tobacco cessation delivered via the Quit Line service.

## Activity Area SIX

### Create and Execute a *Strategic Data Plan* in Support of the Activities of the Strategic Initiative.

#### **Priority Action #1: Establish the specific data requirements necessary for effective program planning and performance monitoring of the *Strategic Initiative*.**

As statewide efforts are expanded to address the spit tobacco problem in Montana, it becomes critical for data to be available *and* used to support the planning decisions and performance monitoring of the Strategic Initiative.

Some useful historical and current data exists on the topic of spit tobacco use behavior and attitudes in Montana. However, additional data needs are foreseen as the reach and level of activity expands and expenditure of resources increases.

Additionally, there exists a need for data to be available *and* used in “real-time” fashion to monitor the performance of specific activities and the intended outcomes of the Strategic Initiative. Quick turn-around of data can be achieved through the use of focus group techniques, “point-in-time” surveys via telephone-based interview systems, structured interviews among youth groups, and administration of structured “pre and post” surveys of specific activities and events by locale.

To establish specific data requirements for the Strategic Initiative, planners will need to

review existing sources and types of data on the spit tobacco topic in Montana and determine where this data is sufficient or insufficient for future planning decisions and performance monitoring. The costs and benefits associated with any recommended data planning approach will need to be presented to funding partners. The Strategic Initiative committee recommends the preparation of a Strategic Data Plan that acknowledges the existing sources/types of data available to support STSI planning and performance monitoring, and proposes workable solutions to determined gaps in data as determined by the Committee and health planners.

Some examples of developed data solutions may include:

- Monitor access and use of the Quit Line for spit tobacco cessation;
- Measure effectiveness of tobacco control policies on spit tobacco use in the state;
- Planning data to target specific populations or regions of the state with activity/interventions;
- Planning data to identify general barriers or points of resistance among target populations;
- Data to inform policy makers and the general public for the purpose of taking action;
- Planning data to determine which intervention components should be implemented, how they should be implemented and the specific results produced.

The process of pulling together the Strategic Data Plan should include at the core, a work team well-versed in assessment and evaluation techniques. For example, assistance from the MDPHHS BRFSS Coordinator and an Epidemiologist would be useful throughout this process.

Finally, this component of the Strategic Initiative will rely on the state MTUPP and Tobacco Free Montana infrastructure, and will require allocation of financial and epidemiologic research assistance from the MDPHHS.

**Recommendations to accomplish *Priority Action #1*:**

- a) MTUPP establishes an “assessment and evaluation” team within the Spit Work Group to define a set of specific data and evaluation parameters to inform the planning, monitoring and evaluating functions of the Strategic Initiative and to present a menu of options and recommendations to MTUPP and its planning partners relative to data and information needs.
- b) MTUPP compiles information on Adult spit tobacco use and trends.
- c) MTUPP compiles information on Youth spit tobacco use and trends.

**Montana Tobacco Use Prevention Program  
Spit Tobacco Strategic Initiative for Montana, 2006-2007**

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- National Institute of Dental and Craniofacial Research
- National Cancer Institute, Cancer Control and Population Sciences: Tobacco Control Research; Smokeless Tobacco: Quitting
- Enough Snuff: A Guide for Quitting Smokeless Tobacco, Herbert H. Severson, PhD, Applied Behavior Science Press, Sixth Edition

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**Resources**

**Online Resources**

- American Academy of Otolaryngology -Head and Neck Surgery, Inc. [www.entnet.org](http://www.entnet.org)
- Centers for Disease Control and Prevention:  
[www.cdc.gov/tobacco/factsheets/smokelesstobacco.htm](http://www.cdc.gov/tobacco/factsheets/smokelesstobacco.htm)
- ChewFree.com is a free online cessation program funded by the National Cancer Institute: [www.chewfree.com](http://www.chewfree.com)
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- The National Spit Tobacco Education Program: [www.nstep.org](http://www.nstep.org)
- National Spit Tobacco List Serve:  
Stopspituse-talk, is a national list serve dedicated to reducing and eliminating the harmful effects of smokeless tobacco through collaboration, education and advocacy. It is maintained by Roger Dier at the University of Wisconsin, Center for Tobacco Research and Intervention. To join, follow these two simple steps. Go to [www.smokefree.net](http://www.smokefree.net) and click

on spitspitusa-talk to register as a user. Next, send an email to [stopspitusa@smokefree.net](mailto:stopspitusa@smokefree.net) and include a small mention of your role in tobacco control in the text of your email

- Oral Health America: [www.oralhealthamerica.org/](http://www.oralhealthamerica.org/)
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